

Resource J: Aging Network Staff Disaster Survey

This document could be adapted for use to determine the availability of Aging Network, Area Agency on Aging, and Service Provider staff members for deployment, reassignment and overtime, either within or outside your area, in the event a disaster or other emergency impacts the aging network's mission to deliver services to elders.

Name: _____

Current Position: _____

Agency/PSA: _____

Agency Address: _____

Work Number: _____ Home Number: _____

Cellular Number: _____ E-Mail: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

If your home were to be damaged or destroyed due to a disaster, is there a relative or friend in another part of the county or state with whom you could relocate temporarily or could be contacted in case of an emergency?

Name: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Number: _____ Cellular Number: _____

The following information will be used to assist the Aging Network in assessing staff availability to either physically relocate to a disaster site or work overtime.

1. Would you be willing to be deployed to a disaster site? Yes ____ No ____
2. If so, how much preparation time would you require before you could be deployed outside of your local area? 24 hrs ____ 2 days ____ 5 days ____
 - a. Work at a major disaster site may require a minimum commitment of two weeks. How long would you be able to serve (beyond the two-week minimum)? 1 week ____ 2 weeks ____ 3 weeks ____ 4 weeks ____
 - b. Overtime will be necessary at the disaster site. Will you be willing to work overtime? Yes ____ No ____
 - c. If a rotating schedule, such as two weeks in the field, one-week home, two more weeks in the field, were possible, could you make a commitment longer than two weeks? Yes ____ No ____
3. Would you be able to use your own vehicle for transportation, if necessary? Yes ____ No ____
4. Based on the conditions outline above are you still willing to serve at a disaster site? Yes ____ No ____
5. Have you had a tetanus shot within the last five years?
Yes ____ No ____ Not Sure ____
6. If not, it will probably be required of you to obtain one, and possible other inoculations prior to being assigned to a disaster site. Would you be willing to obtain these shots? Yes ____ No ____
7. Please check any of the skills and experiences you have:
Fiscal/Administration ____
Red Cross Training ____
Disaster Applications ____
Client Intake ____
Communications ____
Information & Referral ____
Medical ____
Other _____

8. Can you speak (S) or write (W) a language other than English? Please indicate your capacities: _____
9. Please indicate the types of disaster you have experience with:
- Hurricanes _____
- Tornadoes _____
- Floods _____
- Wildfires _____
- Terror _____
- Other _____
10. If tasked or requested: Would you be available to help staff your County or State Emergency Operations Center and, if so what schedule would you prefer? Day _____ Evening _____ Weekend _____ No Preference _____
11. What blocks of time would you be willing to work?
- 4 hours _____ 8 hours _____ 12 hours _____

Working a disaster site is a difficult job. It may require long periods of standing or sitting in the open with few breaks. The victims of the disaster will be under a great deal of stress, as will the people responding to it. In addition, weather in the disaster area may be extreme in both temperature and humidity. Insects and other pests will be present and problematic. Staff members may be required to sleep in tents, meals may be served erratically, and sanitary facilities will be sparse and crowded. Some of the comforts we take for granted in our everyday lives will be inaccessible, such as refrigeration. There could also be minimal contact with family and friends at home. Storage of special medications will be limited, as well as the medications themselves.

I understand the questions and have read the paragraph above.

Name

Title

Date